MISSOURI STATE BOARD OF HEALTH Do not use this space. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS NOV 1.5 1937 CERTIFICATE OF DEATH Primary Registration District No. 611-0-15. Registered No. Ward. (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) narriew 1 HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED (1987 to 10 HUSBAND OF (OR) WIFE OF 193) Death is said 6.(DATE OF BIRTH (MONTH, DAY, AND YEAR) 1888. to have occurred on the date stated above, at ... The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this, occupation (month and Other contributory causes of imporyear) occupation..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Name of operation Date of 14. BIRTHPLACE (CITY OR TOWN). Was there an autopsy?.... What test confirmed diagnosis? (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?....(Specify city or town, county, and State) em missour 16. BIRTHPLACE (CITY OR TOWN)...
(STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. estenderk (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of decease If so, specify (Signed)

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